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Abstract

The aim of this paper is to report on the transformation of a small local hospital offering, for the first time, an acute geriatric service. At the start of this process in 2005 it became evident that many of the staff were inexperienced in providing care to older patients, specifically, and most obviously, in the area of dementia care. Previously, the clinical focus had been on medical and surgical care and the staff therefore needed to develop a new range of skills and knowledge. A practice development process was adopted to transform the service with the overall aims of: • creating a workforce competent to provide safe, effective, patientcentred care for older patients; and • developing and implementing a staff education programme to meet the needs of the staff and patients. This involved using a survey to gather baseline data about the level of dementia competence and developing a dementia educational programme. In this paper, we present the evaluation of this dementia educational programme and its impact on knowledge in a new specialist aged care clinical setting.

Disciplines

Arts and Humanities | Life Sciences | Medicine and Health Sciences | Social and Behavioral Sciences

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Improving Outcomes for Dementia Care in Acute Aged Care: Impact of an Education Programme

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Improving Dementia Care Outcomes in Acute Aged Care: Impact of an Education Programme

Introduction

The aim of this paper is to report on the transformation of a small local hospital offering, for the first time, an acute geriatric service. At the start of this process, in 2005, it became evident that many of the staff were inexperienced in providing care to older patients, specifically and most obviously, in the area of dementia care. Previously, the clinical areas had a focus on medical and surgical care and the staff therefore needed to develop a new range of skills and knowledge.

A practice development process was adopted to effectively transform this service with the overall aims of: (1) creating a workforce competent to provide safe, effective, patient centred care for older patients; and (2) developing and implementing a staff education program to meet the needs of the staff and patients. This included, using a survey to gather baseline data about the level of dementia competence and developing a dementia educational programme. In this paper, we present the evaluation of this dementia educational programme and its impact on knowledge in a new specialist aged care clinical setting.

Background

The hospital where this work was undertaken is within the region of Illawarra which is south of Sydney, New South Wales, Australia. The geographical area in which this hospital is covers approximately 6,331 square kilometres. In 2004, the estimated resident population in this geographical area was 1,162,580 representing 17 per cent of the total population of New South Wales. Children under 5 years constitute 6 per cent of the population and people over 70 and make up 10 per cent. The hospital is one of three small district hospitals in the region. There is no emergency department and admissions come from a large

referral hospital. There are 48 in-patient beds of which 22 are now a dedicated acute aged care unit (SESIAHS, 2006).



Figure 1: Hospital Site

Project Method

At the start of 2005, development and redesign of aged care services in the Illawarra commenced. During the initial phase of this transition there were high levels of anxiety among all staff. According to McClosky (2004), hospital nurses may be competent in meeting acute health needs but often lack the skills required to manage the complex presentations of aged persons. Staff openly expressed their concerns and identified their lack in the skills to work with these 'new' patients, in particular, with people with dementia. There was also a concomitant high staff turnover rate of 67 per cent.



Figure 2: Multi-disciplinary team at Hospital Site

It was important to address these issues and provide opportunities for staff to develop new skills which reflected their changing patient population. To meet this goal the Nurse Unit Manager (NUM) decided to lead a quality initiative in this unit. Staff were recruited, in an ongoing basis, to participate in this initiative and the NHMRC (2003) guidelines were followed to ensure that appropriate processes were followed to ensure the involvement of staff was fully informed. This included making explicit to the staff that the project findings would be disseminated through internal and external publications.

One of the main activities of this quality initiative was to develop a dementia survey. The findings from this survey were used to (i) establish a baseline understanding of the staff's competence in dementia care; (ii) inform the content of a dementia education program; and (iii) evaluate the impact of the education programme on the staff's competence in dementia care. Existing practice

development tools were adapted (Cowan & Wikström, 1999 and Cohen-Mansfield, Werner, Culpepper & Barkley, 1997) to enhance patient outcomes by improving staff knowledge and skills in caring for patients with dementia.

Findings

The survey was distributed to staff by the NUM with a 100 per cent return rate with the following results:

- 0 per cent formal dementia care qualifications
- 50 per cent did not access available dementia resources
- 63 per cent did not know how to use cognitive assessment tools
- 100 per cent indicated they required education on management of patients with dementia

These results were used to develop the content and delivery mode for the 10 week education program of 1 hour sessions. Please see Table 1 below for a summary of the programme and attendance.

Table 1: Summary of Education Session by Topic and Number of Attendees

Topic	No. of Attendees
1. What is Dementia	17
2. Delirium/ Depression/ Dementia	17
3. Behaviour Management/ Using a Behaviour Log	15
4. Medications in the Elderly	8
5. Sedation Policy	12
6. Attitudinal Change/ Ageism	12
7. Sexual Dis-inhibition	12

8. Restraint	17
9. Using Poole's Algorithm	7
10. Social Management in Acute Care	10

A total of 127 attendances were recorded (28 individual staff members):

- 17 nurses
- 4 physiotherapists
- 2 pharmacists
- 2 social workers
- 3 other

Table 2: Summary of Qualitative Comments from Evaluation of Dementia Education Programme

Qualitative Comments
<ul style="list-style-type: none"> • With the new ward there is plenty to learn
<ul style="list-style-type: none"> • Better patient assessment
<ul style="list-style-type: none"> • Stronger understanding of signs and symptoms
<ul style="list-style-type: none"> • Many different behaviours and patterns to be aware of
<ul style="list-style-type: none"> • Looking after patients who do present with these symptoms – one is more aware of why the patient behaves in a certain way
<ul style="list-style-type: none"> • The system can change and must learn to be more flexible
<ul style="list-style-type: none"> • Understand ageism – needs of the elderly – attitudes – support – respect - can change the way you affect people
<ul style="list-style-type: none"> • Where, when and how to use restraints correctly with the patients welfare and best interests in mind – emotionally and physically

<ul style="list-style-type: none">• Each patient's needs are different – individual – plan your care on their needs
<ul style="list-style-type: none">• Medication is of dubious benefit
<ul style="list-style-type: none">• Maintain composure, be aware – watch reactions so as not to escalate patient's behaviour
<ul style="list-style-type: none">• Awareness to look at the overall picture – the patient's health issues and history
<ul style="list-style-type: none">• General background – fills in the bigger picture re patients and their needs; encouragement to keep remembering that they are people

Each session was evaluated with the most useful comments coming from the question 'what did you learn that will be of benefit to you in your workplace'. Please see the results in Table 2 below.

Evaluations of education sessions

The staff completed an evaluation of each education session and ranked (from 1–5) how the session contributed to developing skills in caring for people with dementia or acute confusion. Similar to Foreman & Gardner (2005), we found that 63.5 per cent of attendees reported the sessions being beneficial for enhancing dementia clinical skills in acute care.

Impact on dementia knowledge and skills

The post-test survey explored what impact the education programme had on staff. The overall findings revealed that the knowledge and understanding about dementia had improved across all staff. The staff demonstrated being able to adopt a broader perspective and were more capable of identifying additional

risks/ contributing factors and effective strategies to support patients with dementia. The majority of respondents were able to identify a range of physiological factors that influence the incidence of agitation and distress. Pain is often an underestimated factor in people with dementia with the number of staff identifying pain as a contributing factor increased from 25 to 44 per cent in the post survey. All respondents were able to identify a range of environmental factors impacting on behaviour, for example, 12 and 20 factors, respectively, in the pre and post survey, and from 14 to 24 factors about carer attributes, respectively.

Importantly, the use of behavioural management techniques has resulted in improved skills in the care of patients exhibiting what staff previously labelled as 'aggressive behaviour'. This has been demonstrated in a reduction of the recording of 'incidences' of aggressive behaviour. During the 4 month pre-education period 12 aggressive incidents were reported and in a 4 month period post-education the number of incidents was reduced to 3 reports.

Implications for Practice

The creation of a dementia education programme for staff required to transform a medical and surgical unit into a specialist acute aged care service clearly assisted in the development of dementia care competence. There were a total of 127 attendances at the dementia education program with an overall outcome of increasing awareness of the issues associated caring for patients with dementia in acute settings. The staff have developed new clinical skills, most importantly, improved assessment skills. In particular, Behaviour Management Logs are now spontaneously used to identify incident 'triggers' and the team now regularly engage in problem solving activities to formulate strategies which support patients and alleviate their distress.

The best practice references and literature used to develop the dementia education sessions are being used by the staff to inform clinical decisions. There has also been an increase in the profile for the Clinical Nurse Consultant (CNCs) in psycho-geriatrics, dementia, and aged care nursing, enabling staff to be more willing and confident in contacting them for dementia care advice. Another outcome has been improved management and decreased use of sedation. Patients are less often chemically restrained and staff are more likely to follow a behaviour management flowchart and using the sedation policy as a last resort. This new way of working reflects contemporary policy directives at a national level (Australian Society of Geriatric Medicine, 2005) and some have become members of a regional working party to develop a policy on 'Management of Aggressive/ Confused Patients and Patients Requiring Close Protective Monitoring'.

Conclusion

The staff in our new acute aged care ward are now considered local dementia 'experts' and are used as resource persons in the care of older patients within the hospital. This skill development was achieved by participation in a specialised education dementia programme developed by local CNCs. Staff were also actively encouraged by the NUM to put into practice their newly acquired skills and knowledge. Staff were introduced to journal articles and many acquired access to databases to search for further best practice dementia care reflecting the ideals of a learning organisation (Frost, 2004). This transformation from a medical and surgical unit into a successful acute aged care service was achieved through using local experts. The unit achieved a 0 per cent turnover rate in the past 10 months. The education program has been repeated in other local hospitals and at the end of the year will be repeated for the new staff. The positive outcomes displayed in the post education survey were influenced by a

dynamic team motivated to ensure the transition from medical/ surgical services to acute aged care was a success story.

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References

- Australian Society of Geriatric Medicine (2005). *Physical restraint use in older people*. Position Statement No 2 Sydney: ASGM.
- Cohen-Mansfield, J. Werner, P., Culpepper, W., & Barkley, D. (1997). Evaluation of an in-service program on dementia and wandering. *Journal of Gerontological Nursing*, 23(10), pp 40-47.
- Cowan, B., & Wikström, D. (1999). *Partners in Dementia Care*. SESIAHS Health Promotion Seeding Grant Unpublished Report: Sydney.
- Frost, S. (2004) The nurse manager as educator. Ch 19 pp. 223-235 In A. Crowther (Ed.), *Nurse managers a guide to practice*. Melbourne: Ausmed Publications.
- Foreman, P., & Gardner, I. (2005). *Evaluation of education and training of staff in dementia care and management in acute care*. Latrobe University: Melbourne.
- McClosky, R. M. (2004). Caring for patients with dementia in an acute care environment, *Geriatric Nursing*, 25(3), 139-144.
- National Health & Medical Research Council (2003) *When does quality assurance in healthcare require independent ethical review?* Canberra: NHMRC
- New South Wales Health (2004). *Framework for integrated support and management of Older people in the NSW health care system 2004-2006*, Gladesville: Better Health Centre-Publications Warehouse.
- South East Sydney & Illawarra Area Health Service (2006). *About the Area Health Service: SESIAHS*. Sydney: NSW Health [Available at: http://www.sesiahs.health.nsw.gov.au/about_us/index.asp Accessed 1st November 2006].